LOUISIANA DEPARTMENT OF LABOR WEEKLY REQUEST FOR ALLOWANCES BY JOB SEEKER IN TRAINING TRADE ACT OF 1974, AS AMENDED JOB SEEKER'S NAME (Last, First Middle) MAILING ADDRESS (Street Address, City, State, ZIP Code)

1. Did you attend all of your scheduled classes for the week being claimed? [] YES [] NO*				
If no explain:				
*Provision for Active Attendance and Justifiable Cause apply. Please refer to form LDOL TRA5 "IMPORTANT NOTICE TO				
TAA/NAFTA-TAA TRAINEES" for additional information.				
2. Were you employed or in On-the-Job Training during the week being claimed? [] YES [] NO				
If yes, place a check mark by your "Reason for Leaving":				
[] Quit or Resigned [] Still Employed/Part-Time [] Laid Off due to a Lack of Work or Reduction in Force [] Fired or Discharged [] On-the-Job Training				
[] Theu of Discharged		. g		
Name and Address of Employer			Gross Earnings	
			\$	
			φ	
3. Did you begin receiving workers compensation, social security, a veteran's administration allowance, or any other pension or				
allowance during this week? [] YES [] NO If yes, complete the following:				
ii yes, complete the iono	wing:			
Type	Date Received	and Gross Moi	and Gross Monthly Amount \$	
4 Did you massive vesstion a	avamamaa ambaliday may dy	ring this week? [] YES [] NO		
If yes, complete the follow	• • • •	ring this week? [] IES []NO		
2				
Type	Date Received	and Gross Am	ount \$	
I HEREBY CERTIFY THAT THESE STATEMENTS ARE TRUE AND CORRECT, AND FOR THE ABOVE WEEK, I				
AM NOT CLAIMING	OR RECEIVING FRO	OM ANOTHER STATE ANY	BENEFITS RELATED TO MY	
	ERSTAND THAT THE	Date	OR FALSE STATEMENTS.	
Signature of Job Seeker		Date		

LDOL 858A (R 7/02)

BATON ROUGE, LA 70804